

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
<b>CLAIMS</b>									
	<b>AS FILED</b>		<b>AFTER 1st AMENDMENT</b>		<b>AFTER 2nd AMENDMENT</b>				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
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TOTAL IND.	3								
TOTAL DEP.	8								
TOTAL CLAIMS	11								
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS